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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**☒ Declaration  
Submitted  
with Initial  
Filing

OR

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16(e)  
required))

Attorney Docket Number 8498-3

First Named Inventor Denise E. Paul

**COMPLETE IF KNOWN**

Application Number N/A

Filing Date Herewith

Art Unit N/A

Examiner Name N/A

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Rack for Jars and Other Items

(Title of the Invention)

The specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Serial Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.


Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION – Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label				OR <input checked="" type="checkbox"/> Correspondence address below	
Name <b>Glenn C. Brown, P.C.</b>					
Address <b>777 N.W. Wall Street, Suite 308</b>					
City <b>Bend</b>			State <b>Oregon</b>		ZIP <b>97701</b>
Country <b>United States</b>		Telephone <b>541/312-2500</b>		Fax <b>541/312-8900</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <b>Denise E.</b>			Family Name Or Surname <b>Paul</b>		
Inventor's Signature <i>Denise E. Paul</i>			Date <i>Jan 27, 04</i>		
Residence: <b>Bend</b>		State <b>Oregon</b>		Country <b>United States</b>	
Citizenship <b>United States</b>					
Mailing Address <b>20949 S.E. West View</b>					
City <b>Bend</b>		State <b>Oregon</b>		ZIP <b>97702</b>	
Country <b>United States</b>					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name Or Surname		
Inventor's Signature			Date		
Residence: <b>City</b>		State		Country	
Citizenship					
Mailing Address					
City		State		ZIP	
Country					
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	N/A
Filing Date	Herewith
First Named Inventor	Denise E. Paul
Title	Rack for Jars and Other Items
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket No.	8498-3

I hereby appoint:

☒ Practitioners at Customer Number

29941



OR

☒ Practitioner(s) named below:

Name	Registration Number
Glenn C. Brown	34,555

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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OR

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Individual Name

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Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Denise E. Paul

Signature

Date

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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